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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this amended fili

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Charles First name E Middle name Walker, III Last name and Suffix (Sr., Jr., II, III)	Angela First name M Middle name Walker Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	Charles E Walker	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4232	xxx-xx-6995

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Debtor 1 Charles E Walker, III
Debtor 2 Angela M Walker

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	852 Jarvis Road	If Debtor 2 lives at a different address:		
		Sicklerville, NJ 08081 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Camden County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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	otor 1 otor 2	Charles E Walker, Angela M Walker	III			3.3	Case number (if known)		
Par	t 2:	Tell the Court About \	our B	ankruptcy Ca	ase				
		ruptcy Code you are		Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choc	choosing to file under		hapter 7					
			□с	hapter 11					
			□с	hapter 12					
			■ C	hapter 13					
8.	How	you will pay the fee	•	about how your order. If your a pre-printed	ou may pay. Typica attorney is submitt address.	lly, if you are paying the fee young your payment on your beh	ck with the clerk's office in your local cour ourself, you may pay with cash, cashier's half, your attorney may pay with a credit ca	check, or money ard or check with	
						ments. If you choose this opti Official Form 103A).	on, sign and attach the Application for Inc	lividuals to Pay	
				I request that but is not req applies to you	at my fee be waive uired to, waive you ur family size and y	d (You may request this option ree, and may do so only if you ou are unable to pay the fee i	on only if you are filing for Chapter 7. By labour income is less than 150% of the offician installments). If you choose this option,	al poverty line that you must fill out	
				the Application	on to Have the Cha	pter 7 Filing Fee Waived (Offi	cial Form 103B) and file it with your petition	n.	
9. Have you filed for bankruptcy within the ■ No.									
	last 8	B years?	☐ Ye	es.					
				District					
				District		When			
				District		When	Case number		
10.		iny bankruptcy s pending or being	■ No)					
	filed not f you,	by a spouse who is iling this case with or by a business er, or by an	□ Ye	es.					
				Debtor			Relationship to you		
				District		When	Case number, if known		
				Debtor			Relationship to you		
				District		When	Case number, if known		
11.		ou rent your lence?	■ No	Go to I	ine 12.				
	resid	ence :	□Ye	es. Has yo	our landlord obtaine	d an eviction judgment agains	st you?		
					No. Go to line 12.				
					Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) and	file it as part of	

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	otor 2 Angela M Walker	111		Case number (if known)
Par	Report About Any Bu	sinesses	You Own as a Sole	e Proprietor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and locat	ion of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of busine	ss, if any
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street,	City, State & ZIP Code
	it to this petition.			opriate box to describe your business:
			_	Care Business (as defined in 11 U.S.C. § 101(27A))
			_	sset Real Estate (as defined in 11 U.S.C. § 101(51B))
			_	oker (as defined in 11 U.S.C. § 101(53A))
				dity Broker (as defined in 11 U.S.C. § 101(6))
			☐ None of	the above
13. Are you filing under Chapter 11, the court must know whether you are a small business debtor so that it deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, in 11 U.S.C. 1116(1)(B).				t you are a small business debtor, you must attach your most recent balance sheet, statement of
	debtor? For a definition of small	■ No.	I am not filing ur	nder Chapter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Code.	Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under	Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardous Prope	rty or Any Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard	1?
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attent	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the prope	erty?
				Number, Street, City, State & Zip Code

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Debtor 1 Charles E Walker, III

Debtor 2 Angela M Walker Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-20840-JNP Doc 1 Filed 05/30/18 Entered 05/30/18 12:47:06 Desc Main Document Page 6 of 60

	tor 1 Charles E Walker tor 2 Angela M Walker	, III		J	Case nu	umber (if known)			
Part		tions for Re	eporting Purposes						
	What kind of debts do	16a.	Are your debts primarily consur			e defined in 11 U.S.C.	§ 101(8) as "incurred by an		
	you have?		individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b.						
			Yes. Go to line 17.						
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain						
			money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
		4.0	Yes. Go to line 17.						
		16c.	State the type of debts you owe th	at are not consume	er debts or bus	siness debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	o to line 18.					
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available				and administrative expenses		
	administrative expenses		□No						
k	are paid that funds will be available for distribution to unsecured		☐ Yes						
	creditors?								
18.	How many Creditors do you estimate that you	1 -49		1 ,000-5,000		<u> </u>			
	owe?	□ 50-99 □ 100-19	20	□ 5001-10,000 □ 10,001-25,000)	☐ 50,001-	-100,000 nan100,000		
		☐ 200-99		_ 10,001 20,000	,	—	M. 1700,000		
19.	How much do you	□ \$0 - \$5	50,000	□ \$1,000,001 - \$	310 million	□ \$500,0	00,001 - \$1 billion		
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 -			,000,001 - \$10 billion		
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - □ \$100,000,001			0,000,001 - \$50 billion nan \$50 billion		
20.	How much do you	□ \$0 - \$5	50,000	□ \$1,000,001 - \$	310 million	□ \$500,0	00,001 - \$1 billion		
	estimate your liabilities to be?		01 - \$100,000	1 \$10,000,001 -		_	0,000,001 - \$10 billion		
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - □ \$100,000,001			0,000,001 - \$50 billion han \$50 billion		
		— \$500,0) - \$1 HIIIIOH						
Part -									
For you		I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		bankrupto and 3571		50,000, or imprison	ment for up to	20 years, or both. 18			
			les E Walker, III E Walker, III		s/ Angela M Angela M W				
			of Debtor 1		Signature of D				
		Executed		E	Executed on	May 30, 2018			
			MM / DD / YYYY			MM / DD / YYYY			

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			Docume	ent Paye I or	00	
Debtor 1 Debtor 2	Charles E Walker, Angela M Walker	III			Cas	se number (if known)
	attorney, if you are ted by one	under Chap	ter 7, 11, 12, or 13 of title 1	1, United States Code,	and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
•	e not represented by ley, you do not need s page.		se in which § 707(b)(4)(D) led with the petition is inco		e no knov	vledge after an inquiry that the information in the
		/s/ Joseph			Date	May 30, 2018
		Signature of	f Attorney for Debtor			MM / DD / YYYY
		Joseph Ro	ogers			
		Printed name	aa af laaank I Danan	_		
		Firm name	es of Joseph J. Rogers	S		
		900 Route	168			
		Suite I-4				
			d, NJ 08012			
		Number, Street,	City, State & ZIP Code			
		Contact phone	856-228-7964	Ema	l address	jjresq@comcast.net
		NJ				
		Bar number & S	state			

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Fill in this infor	mation to identify your	case:	·	
Debtor 1	Charles E Walker	, III		
	First Name	Middle Name	Last Name	
Debtor 2	Angela M Walker			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEF	RSEY	
Case number (if known)				│ □ Check
(amend

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your a	esats
			of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	184,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	28,689.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	212,689.0
Par	t 2: Summarize Your Liabilities		
			i abilities at you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	202,635.46
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	3,900.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	68,866.9
	Your total liabilities	\$	275,402.36
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,167.68
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,867.0
² ar	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other scl	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal	, family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 2	Angela M Walker	Case number (if known)	
	m the <i>Statement of Your Current Monthly Income</i> : Co A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 I		\$ 2,167.68

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	3,900.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	3,900.00

Debtor 1

Charles E Walker, III

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			Doc	ument Page 10 of 60			
Fill in this in	formation to identi	fy your case and th	nis filing	j:			
Debtor 1	Charles E	Walker, III					
	First Name	Middle	e Name	Last Name			
Debtor 2 (Spouse, if filing)	Angela M \ First Name		e Name	Last Name			
United States	Bankruptcy Court f	or the: DISTRICT	OF NEV	VJERSEY			
Case number							☐ Check if this is an amended filing
In each categor	t. Be as complete an more space is needed	describe items. List d accurate as possib	le. If two	only once. If an asset fits in more than o married people are filing together, both a nis form. On the top of any additional pag	re equally resp	onsible for su	pplying correct
☐ No. Go to ☐ Yes. Whe	Part 2. ere is the property?						
1.1			What	is the property? Check all that apply			
852 Jar	rvis Road			Single-family home	Do not ded	uct secured cla	ims or exemptions. Put
Street addr	ess, if available, or other o	escription		Duplex or multi-unit building Condominium or cooperative			d claims on Schedule D: ns Secured by Property.
Sickler	ville NJ	08081-0000		Manufactured or mobile home Land	Current va entire prop		Current value of the portion you own?
City	State	ZIP Code		Investment property	\$16	9,000.00	\$169,000.00
					_ (such as fe	e simple, tena	our ownership interest ancy by the entireties, or
			Who	has an interest in the property? Check one	a life estat	e), if known.	
Camde	n		_	Debtor 1 only Debtor 2 only			
County				Debtor 1 and Debtor 2 only			
•				At least one of the debtors and another		if this is com	munity property
				r information you wish to add about this i	,	,	
				erty identification number:			

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Debtor 2		harles E W ngela M Wa		III				Case n	number (if known)	
	you o	wn or have	more	than one, list	here:					
1.2		da Baad			What	is the propert	y? Check all that apply			
		vis Road ss, if available, or	other des	ecription	_ □	Single-family			Do not deduct secured cl the amount of any secure	
Olic	cet addre	33, ii avallable, oi	Other des	scription		•	Iti-unit building		Creditors Who Have Clair	
						Condominium	or cooperative			
						Manufactured	d or mobile home		O	0
Sic	cklerv	ville .	NJ	08081-0000		Land			Current value of the entire property?	Current value of the portion you own?
City	/		State	ZIP Code		Investment p	roperty		\$15,000.00	\$15,000.00
						Timeshare			Describe the nature of	our ownership interest
						Other			(such as fee simple, ter	ancy by the entireties, or
					_		t in the property? Check o	one	a life estate), if known.	
Ca	amder	•						-		
		·				Debtor 2 only				
COL	unty						Debtor 2 only		☐ Check if this is con	nmunity property
					Otho		of the debtors and another		(see instructions)	
						erty identificat	ou wish to add about thi	ns item,	, such as local	
					vaca	•	Idable lot (land lock	ked) a	ttached to house p	roperty, debtor
Cars, No Yes	e else c , vans, s s Make: Model:	Lincoln MKS	ease a	vehicle, also report utility vehic	who has a	n interest in th	whether they are regis executory Contracts and the property? Check one		Do not deduct secured content amount of any secure	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.
Y	/ear:	2014			Debtor 2				Current value of the	Current value of the
		nate mileage:		55000	_	1 and Debtor 2	,		entire property?	portion you own?
C	Other inf	ormation:			☐ At least	one of the deb	tors and another			
						if this is comm	unity property		\$14,675.00	\$14,675.00
Exam _j ■ No □ Yes 5 Add .page	ples: Book s	oats, trailers, ollar value of have attache	motors the po ed for F	, personal water	craft, fishi or all of y tt number	ng vessels, si	icles, other vehicles, a nowmobiles, motorcycle	e acces	ntries for	\$14,675.00
				equitable inter		of the follow	ving items?			Current value of the
·		·	_							portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B

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	ebtor 1 ebtor 2	Charles E W Angela M W		1)
6.	Exampl ☐ No	old goods and fes: Major appliar	furnishings aces, furniture, linens, china, kitchenware	
	— 165.	Describe	Household Goods and Furnishings	\$2,000.00
			Household Goods and Furnishings	Ψ2,000.00
7.	□No	les: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music phones, cameras, media players, games	collections; electronic devices
			Electronics	\$500.00
	■ No □ Yes.		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, co ons, memorabilia, collectibles	in, or baseball card collections;
9.	Exampl No		graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe	s and kayaks; carpentry tools;
10	■ No		s, shotguns, ammunition, and related equipment	
11	□ No		othes, furs, leather coats, designer wear, shoes, accessories	
			Wearing Apparel	\$100.00
12	□ No ·		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems Jewelry	, gold, silver \$100.00
13	Examp ■ No	orm animals oles: Dogs, cats, Describe	birds, horses	
14	■ No	her personal an	d household items you did not already list, including any health aids you did not list ormation	
15			of all of your entries from Part 3, including any entries for pages you have attached number here	\$2,700.00

Schedule A/B: Property

Official Form 106A/B

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Debtor 1 Charles E Wa Debtor 2 Angela M Wa	alker, III Ilker		Case number (if known)	
Part 4: Describe Your Finance	ial Asset	s		
Do you own or have any le			y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Cash Examples: Money you h ■ No □ Yes		•	in a safe deposit box, and on hand when you file your petition	
institutions. I			s; certificates of deposit; shares in credit unions, brokerage hous h the same institution, list each.	es, and other similar
□ No ■ Yes			Institution name:	
	17.1.	Checking	Citizens	\$430.00
	17.2.	Checking	PNC levied	\$700.00
	17.3.		1st Republic business account	\$150.00
	17.4.	checking and savings account	Citizens	\$34.00
18. Bonds, mutual funds, o Examples: Bond funds,■ No☐ Yes	investme		age firms, money market accounts	
Non-publicly traded sto joint venture	ock and	interests in incorporat	ed and unincorporated businesses, including an interest in	an LLC, partnership, and
■ No □ Yes. Give specific info		about themne of entity:	% of ownership:	
Negotiable instruments	include p	ersonal checks, cashier	ole and non-negotiable instruments so checks, promissory notes, and money orders. ser to someone by signing or delivering them.	
■ No □ Yes. Give specific info		about them uer name:		
21. Retirement or pension Examples: Interests in II			b), thrift savings accounts, or other pension or profit-sharing plan	s
☐ Yes. List each account		ely. of account:	Institution name:	
	d deposit	s you have made so tha	t you may continue service or use from a company lic utilities (electric, gas, water), telecommunications companies,	or others
Your share of all unused	d deposit	s you have made so tha		or others
Your share of all unused Examples: Agreements ■ No □ Yes	d deposit with land	s you have made so tha dlords, prepaid rent, publ	lic utilities (electric, gas, water), telecommunications companies,	or others

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Debt Debt		Charles Angela M	E Walker, III II Walker			Case number (if known	n)	
			cation IRA, in an ac		LE program, or u	nder a qualified state tuition p	rogram.	
	No	,			u filo the records o	f any intersects 14 II C C \$ 521/	۵)،	
	Yes				•	f any interests.11 U.S.C. § 521(,	
	rusts, I _{No}	equitable of	or future interests in	n property (other than a	nything listed in l	ine 1), and rights or powers e	xercisable	for your benefit
	l Yes.	Give specif	ic information about t	hem				
_	Examp			e secrets, and other into sites, proceeds from roya				
	No Yes.	Give specif	ic information about t	hem				
	Examp No	oles: Building		censes, cooperative asso	ociation holdings, li	iquor licenses, professional licer	nses	
	I Yes.	Give specif	ic information about t	nem				
Mon	ey or p	oroperty ov	ved to you?				por Do	trent value of the tion you own? not deduct secured ms or exemptions.
20 T	av rofi	unds owed	to you				olai	me or exemplione.
	I No	unus oweu	to you					
	l Yes. (Give specifi	c information about the	nem, including whether yo	ou already filed the	returns and the tax years		
	Examp No		e or lump sum alimo	ny, spousal support, child	l support, maintena	ance, divorce settlement, proper	ty settleme	nt
_	Examp No	oles: Unpaid benefits	s; unpaid loans you r	urance payments, disabili nade to someone else	ity benefits, sick pa	ay, vacation pay, workers' comp	ensation, S	Social Security
L	I Yes.	Give specif	ic information					
_	Examp		nce policies disability, or life insu	rance; health savings acc	count (HSA); credit	, homeowner's, or renter's insur	ance	
	l No l Yes. N	Name the in	surance company of	each policy and list its va	alue.			
			Company			Beneficiary:		ırrender or refund lue:
! _:	lf you a		ficiary of a living trus	ou from someone who h t, expect proceeds from a		icy, or are currently entitled to re	eceive prop	erty because
		Give specif	ic information					
	Examp I No	oles: Accider	nts, employment disp	or not you have filed a utes, insurance claims, o		a demand for payment		
	Yes.	Describe ea	ach claim					
				Social Security Disab	oility Claim Pen	ding] _	Unknown

	Case 18-20840-JNP	Doc 1	Filed 05/30 Document		Entered 0 e 15 of 60	5/30/18 12:47	7:06	Desc Main	
Debtor 2	- · · · · · · · · · · · · · · · · · · ·					Case number (if kno	wn)		
■ No		claims of ev	ery nature, includi	ng coun	terclaims of t	he debtor and right	s to set	off claims	
□ Ye	s. Describe each claim								
■ No		eady list							
⊔ Ye	s. Give specific information								
	d the dollar value of all of your Part 4. Write that number here.							\$1,314.	.00
Part 5:	Describe Any Business-Related Pro	perty You Ow	vn or Have an Interes	t In. List a	any real estate i	n Part 1.			
	ou own or have any legal or equitabl Go to Part 6.	e interest in a	any business-related	property	?				
Yes	. Go to line 38.								
								Current value of portion you own? Do not deduct sec claims or exemptic	? ured
38. Acc o	ounts receivable or commission	ns vou alrea	dv earned						
■ No		,	,						
☐ Ye	s. Describe								
<i>Exa</i> ■ No	ce equipment, furnishings, and amples: Business-related compute of the compute of		modems, printers,	copiers, t	fax machines,	rugs, telephones, de	esks, chai	irs, electronic devic	es
40. Mac l	hinery, fixtures, equipment, sup	plies you u	se in business, an	d tools o	of your trade				
■ No	s. Describe								
41. Inve	•								
	es. Describe								
	inventory	of used clo	othing					\$10,0	00.00
42 Inter	ests in partnerships or joint ve	ntures							
■ No									
☐ Ye	s. Give specific information abou Name of					% of ownership:			
	tomer lists, mailing lists, or other	er compilati	ons						
■ No.									
∐ Do :	your lists include personally identifi	able informat	tion (as defined in 11 l	J.S.C. § 1	01(41A))?				
	■ No								
	☐ Yes. Describe								

44. Any business-related property you did not already list

■ No

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	Document	raye 10 01	00	
Debt Debt	· · · · · · · · · · · · · · · · · · ·		Case number (if known)	
	Yes. Give specific information			
	Add the dollar value of all of your entries from Part 5, includir for Part 5. Write that number here	• • •		\$10,000.00
Part (6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	ı Own or Have an Intere	st In.	
46. C	Oo you own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
	No. Go to Part 7.			
ı	Yes. Go to line 47.			
Part 1	7: Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
	o you have other property of any kind you did not already list	?		
	Examples: Season tickets, country club membership			
	No			
ш	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$184,000.00
56.	Part 2: Total vehicles, line 5	\$14,675.00		
57.	Part 3: Total personal and household items, line 15	\$2,700.00		
58.	Part 4: Total financial assets, line 36	\$1,314.00		
59.	Part 5: Total business-related property, line 45	\$10,000.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$28,689.00	Copy personal property total	\$28,689.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$212,689.00

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Fill in this infor	mation to identify your	case:		
Debtor 1	Charles E Walker	, III		
	First Name	Middle Name	Last Name	
Debtor 2	Angela M Walker			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exemp
--

1.	Which set of exemptions are you claiming	? Check one only, ever	n if yo	our spouse is filing with you.	
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	852 Jarvis Road Sicklerville, NJ 08081 Camden County	\$169,000.00		\$10,000.00	11 U.S.C. § 522(d)(1)
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	850 Jarvis Road Sicklerville, NJ 08081 Camden County	\$15,000.00		\$15,000.00	11 U.S.C. § 522(d)(5)
	vacant non buildable lot (land locked) attached to house property, debtor paid \$1 for it at closing Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit	
	Household Goods and Furnishings Line from Schedule A/B: 6.1	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)
	Line IIIIII Scriedule A/B. V.1			100% of fair market value, up to any applicable statutory limit	
	Electronics Line from Schedule A/B: 7.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
	Elle Holli Genedale AVD. 111			100% of fair market value, up to any applicable statutory limit	
	Wearing Apparel Line from Schedule A/B: 11.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)
	LINE HOLL SCHEUUIE PAD. 11.1			100% of fair market value, up to any applicable statutory limit	

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Angela M Walker Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Jewelry** 11 U.S.C. § 522(d)(4) \$100.00 \$100.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Checking: Citizens** 11 U.S.C. § 522(d)(5) \$430.00 \$430.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Checking: PNC** 11 U.S.C. § 522(d)(5) \$700.00 \$700.00 levied Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 1st Republic 11 U.S.C. § 522(d)(5) \$150.00 \$150.00 business account Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit checking and savings account: 11 U.S.C. § 522(d)(5) \$34.00 \$34.00 Citizens Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Charles E Walker, III

Debtor 1

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		Document Pag	<u>je 19</u>	9 01 60		
Fill in this information	n to identify you	r case:				
Dalstond						
	harles E Walke st Name		Name			
			vame			
	ngela M Walke st Name		Name			
(Opouse II, IIIIIIg)	st Name	Wildlie Name Last	Name			
United States Bankrup	tcy Court for the:	DISTRICT OF NEW JERSEY				
Case number						
(if known)					_	if this is an
					amend	ed filing
000 1 1 5 4 6						
Official Form 10	<u>16D</u>					
Schedule D: 0	Creditors	Who Have Claims Sec	ure	ed by Property	1	12/15
					'	
		f two married people are filing together, bot				
number (if known).	tional Page, till it o	out, number the entries, and attach it to this	torm.	On the top of any addition	ai pages, write your nai	ne and case
` ,	alaima aggurad by	Walls proporty?				
1. Do any creditors have	•					
	oox and submit th	is form to the court with your other scheo	dules. \	You have nothing else to	report on this form.	
Yes. Fill in all of	the information I	pelow.				
Dovt 4. Lint All Con	urad Claima					
Part 1: List All Sec	ured Claims			. Column A	Column B	Column C
		nore than one secured claim, list the creditor se		ly		
		a particular claim, list the other creditors in Par cal order according to the creditor's name.	rt 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	olalino in alphaboti	an order according to the ordator or fame.		value of collateral.	claim	If any
2.1 Frd Motor Cr		Describe the property that secures the cla	im:	\$19,996.00	\$14,675.00	\$5,321.00
Creditor's Name		2014 Lincoln MKS 55000 miles				
		As of the data was file the alaim in the				
Po Box Box 54	12000	As of the date you file, the claim is: Check a apply.	III that			
Omaha, NE 68	154	Contingent				
Number, Street, City, S	State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortga	~~ ~~ ~	a aura d		
_ ′		car loan)	ge or se	ecurea		
Debtor 2 only		,				
☐ Debtor 1 and Debtor 2	•	☐ Statutory lien (such as tax lien, mechanic	s lien)			
☐ At least one of the deb		☐ Judgment lien from a lawsuit				
☐ Check if this claim re	elates to a	Other (including a right to offset)				
community debt						
	Opened					
	04/17 Last					
	Active					
Date debt was incurred	12/13/17	Last 4 digits of account number	8145			
		-				
Gloucester To	wnehin					
Tax Office	wiisiiip	Describe the property that secures the cla	im:	\$1,000.00	\$15,000.00	\$0.00
Creditor's Name		850 Jarvis Road Sicklerville, NJ	1			
		08081 Camden County				
		vacant non buildable lot (land				
		locked) attached to house proper	rtv.			
		debtor paid \$1 for it at closing	,,			
PO Box 8		As of the date you file, the claim is: Check a	ıll that			
Blackwood, N.	1.08012	apply.				
		Contingent				
Number, Street, City, S	state & Zip Code	Unliquidated				
W 4		Disputed				
Who owes the debt? C	neck one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as mortga	ge or se	ecured		

■ Statutory lien (such as tax lien, mechanic's lien) Schedule D: Creditors Who Have Claims Secured by Property Official Form 106D

car loan)

■ Debtor 1 and Debtor 2 only

Debtor 2 only

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Debtor 1	Charles E			Case number (if know)		
Debtor 2	First Name Angela M \	Middle N Nalker	ame Last Name			
	First Name	Middle N	ame Last Name			
☐ At leas	st one of the debt	ors and another	☐ Judgment lien from a lawsuit			
	if this claim rel		☐ Other (including a right to offset)			
comm	nunity debt					
Date debt	was incurred		Last 4 digits of account number			
Nev	w Jersey Ho	ousina &				
Mtg	g. Finance A		Describe the property that secures the claim:	\$34,595.46	\$169,000.00	\$12,639.46
	ditor's Name		852 Jarvis Road Sicklerville, NJ			
_) Box 18550 7 South Clin	ton	08081 Camden County			
	enue	ton	As of the date you file, the claim is: Check all that	J		
	enton, NJ 08	650	apply. □ Contingent			
Num	ber, Street, City, St	ate & Zip Code	☐ Unliquidated			
			☐ Disputed			
	es the debt? Ch	neck one.	Nature of lien. Check all that apply.			
☐ Debtor☐ Debtor☐	-		An agreement you made (such as mortgage or car loan)	secured		
_	1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	st one of the debt	•	☐ Judgment lien from a lawsuit			
☐ Check	if this claim rel		Other (including a right to offset)			
	nunity debt					
Date debt	was incurred		Last 4 digits of account number			
2.4 Pa	cific Union F	inancial	Describe the property that secures the claim:	\$147,044.00	\$169,000.00	\$0.00
Cred	ditor's Name		852 Jarvis Road Sicklerville, NJ			
400			08081 Camden County			
		E00	occor camacin county			
	03 Lbj Fwy S rmers Branc		As of the date you file, the claim is: Check all that			
	rmers Branc		As of the date you file, the claim is: Check all that apply.			
Far 752	rmers Branc	h, TX	As of the date you file, the claim is: Check all that			
Far 752 Num	rmers Branc 234 ober, Street, City, St	cate & Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Far 752 Num	rmers Branc 234	cate & Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	J		
Far 752 Numl	rmers Branc 234 hber, Street, City, St es the debt? Ch 1 only	cate & Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or	secured		
Far 752 Num Who owe Debtor	rmers Branc 234 hber, Street, City, St es the debt? Ch 1 only 2 only	ate & Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan)			
Far 752 Numi Who owe Debtor Debtor Debtor	rmers Branc 234 hber, Street, City, St es the debt? Ch 1 only 2 only 1 and Debtor 2	ate & Zip Code neck one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien)			
Far 752 Num Who owe □ Debtor □ Debtor □ Debtor □ At leas	rmers Branc 234 hber, Street, City, St es the debt? Ch 1 only 2 only 1 and Debtor 2 st one of the debt	ate & Zip Code neck one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
Far 752 Numi Who owe Debtor Debtor Debtor At leas Check	rmers Branc 234 hber, Street, City, St es the debt? Ch 1 only 2 only 1 and Debtor 2	ate & Zip Code neck one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien)			
Far 752 Numi Who owe Debtor Debtor Debtor At leas Check	rmers Branc 234 hber, Street, City, St es the debt? Ch 1 only 2 only 1 and Debtor 2 st one of the debt c if this claim rel	ate & Zip Code neck one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
Far 752 Numi Who owe Debtor Debtor Debtor At leas Check	rmers Branc 234 hber, Street, City, St es the debt? Ch 1 only 2 only 1 and Debtor 2 st one of the debt c if this claim rel	ate & Zip Code neck one. only tors and another lates to a Opened 10/15 Last	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
Far 752 Numi Who owe ■ Debtor □ Debtor □ Debtor □ At leas □ Check comm	rmers Branc 234 wher, Street, City, St es the debt? Ch 11 only 2 only 11 and Debtor 2 st one of the debt it if this claim rel nunity debt	ate & Zip Code neck one. only tors and another lates to a Opened 10/15 Last Active	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
Far 752 Numi Who owe ■ Debtor □ Debtor □ Debtor □ At leas □ Check comm	rmers Branc 234 hber, Street, City, St es the debt? Ch 1 only 2 only 1 and Debtor 2 st one of the debt c if this claim rel	ate & Zip Code neck one. only tors and another lates to a Opened 10/15 Last	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
Far 752 Numi Who owe □ Debtor □ Debtor □ Debtor □ At leas □ Check comm	rmers Branc 234 wher, Street, City, St es the debt? Ch 11 only 2 only 11 and Debtor 2 st one of the debt it if this claim rel nunity debt	ate & Zip Code neck one. only tors and another lates to a Opened 10/15 Last Active	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
Far 752 Num Who owe □ Debtor □ Debtor □ Debtor □ At leas □ Check comm	rmers Branc 234 wher, Street, City, St es the debt? Ch 1 only 2 only 1 and Debtor 2 st one of the debt it if this claim rel nunity debt t was incurred	ate & Zip Code neck one. only tors and another lates to a Opened 10/15 Last Active 7/13/17	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)		46	

The flat hamber here.

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debtor 1	Charles E Walker	, III		Case number (if know)	
	First Name	Middle Name	Last Name		
Debtor 2	Angela M Walker				
	First Name	Middle Name	Last Name		
F6 7	ame, Number, Street, City, ein, Such, Kahn & S Century Drive, Suit arsippany, NJ 0705	Shepard e 201		On which line in Part 1 did you enter Last 4 digits of account number	the creditor? 2.4

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		Document	Page 2	22 of 6	0	_		
Fill in this infor	mation to identify your case	e:						
Debtor 1	Charles E Walker, III							
20210	First Name	Middle Name	Last Name					
Debtor 2	Angela M Walker							
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Ba	ankruptcy Court for the: DI	STRICT OF NEW JERSEY						
Case number								
(if known)						Пс	heck if this is	s an
						_	mended filin	
000000	400E/E							
Official For			.					
	E/F: Creditors Who ad accurate as possible. Use Pa							/15
Schedule G: Exec Schedule D: Credi left. Attach the Co name and case nu	,	Leases (Official Form 106G). by Property. If more space is you have no information to re	Do not inclu needed, co	de any cree by the Part	ditors with partially s you need, fill it out,	secured claims number the ent	that are listed tries in the bo	d in oxes on the
	All of Your PRIORITY Unsec							
	tors have priority unsecured cla	ims against you?						
☐ No. Go to	Part 2.							
Yes.								
identify what to possible, list the	ur priority unsecured claims. If a ype of claim it is. If a claim has bo he claims in alphabetical order ace than one creditor holds a particu	th priority and nonpriority amoun cording to the creditor's name. I	nts, list that c you have m	laim here ar	nd show both priority a	and nonpriority a	mounts. As m	nuch as
(For an explar	nation of each type of claim, see the	ne instructions for this form in th	e instruction	booklet.)	Total claim	Priority amount	Nonpr	•
	al Revenue Service	Last 4 digits of accou	ınt number		\$3,900.00	\$3,900	0.00	\$0.00
ATTN:	reditor's Name Bankruptcy Department ox 7346	When was the debt in	ocurred?	2016		_		
	elphia, PA 19101-7346							
	Street City State Zlp Code ed the debt? Check one.	As of the date you file	e, the claim	s: Check a	II that apply			
_		☐ Contingent						
☐ Debtor 1	·	☐ Unliquidated						
Debtor 2	•	☐ Disputed						
Debtor 1	and Debtor 2 only	Type of PRIORITY un	secured cla	i m :				
☐ At least of	one of the debtors and another	☐ Domestic support of	bligations					
☐ Check if	this claim is for a community of	debt Taxes and certain	other debts y	ou owe the	government			
Is the claim	subject to offset?	Claims for death or	personal inju	ury while yo	u were intoxicated			
■ No		Other. Specify						
☐ Yes								
Part 2: List A	All of Your NONPRIORITY U	nsecured Claims						
	tors have nonpriority unsecured							
	ave nothing to report in this part. S		vour other e	chedulos				
	ave nothing to report in this part. S	DUDINIC CHIE COURT WITE	your others	onedules.				
Yes.								

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debtor Debtor	Charles E Walker, III Angela M Walker				
4.1	Ally Financial	Last 4 digits of account number	3762		\$3,747.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i	Opened 06/05 12/28/15 is: Check all that apply		·
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or di	vorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other sim	ilar debts	
	Yes	Other. Specify Lease			
4.2	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	3164,3185		\$5,000.00
	Attn: General Correspondence/Bankruptcy Po Box 30285	When was the debt incurred?	Opened 06/16 12/20/17	Last Active	
_	Salt Lake City, UT 84130	_			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	1	
	Debtor 1 only	По и			
	_	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	At least one of the debtors and another	Student loans	d Claim.		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or di	vorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other sim	ilar debts	
	Yes	Other. Specify Credit Card	I		
4.3	Capital One / Saks F Nonpriority Creditor's Name	Last 4 digits of account number	4683		\$539.00
	Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 09/16 12/21/17	Last Active	
-	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	1	
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or di	vorce that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin	•	ılar debts	
	Yes	Other. Specify Charge Acc	count		

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Angela M Walker		Case number (if know)	
Capital One/Neiman Marcus/Bergdorf Goodm Nonpriority Creditor's Name	Last 4 digits of account number	2046	\$1,294.00
Po Box 729080 Dallas, TX 75372	When was the debt incurred?	Opened 08/16 Last Active 12/03/17	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Charge Acc	count	
Comenitycapital/biglot	Last 4 digits of account number	2098	\$466.00
Nonpriority Creditor's Name 3100 Easton Square PI Columbus, OH 43219	When was the debt incurred?	Opened 06/17 Last Active 1/18/18	
Number Street City State Zlp Code	As of the date you file, the claim i		
Who incurred the debt? Check one.	, o auto you, c	or or one and appry	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Credit One Bank Na	Last 4 digits of account number	9216	\$347.00
Nonpriority Creditor's Name Po Box 98873	When was the debt incurred?	Opened 07/17 Last Active	
Las Vegas, NV 89193			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	Пол		
_	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ At least one of the debtors and another ☐ Check if this claim is for a community	Student loans		
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	■ Other. Specify Credit Card		
□ res	Other. Specify	·	

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Debtor Debtor	1 Charles E Walker, III 2 Angela M Walker		Case number (if know)	
4.7	Discover Financial	Last 4 digits of account number	2388	\$8,008.00
	Po Box 3025 New Albany, OH 43054 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim in	Opened 7/27/14 Last Active 12/12/17 s: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	П		
	Debtor 2 only	☐ Contingent☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Carc		
4.8	Diversified Consultants, Inc.	Last 4 digits of account number	2862	\$1,211.00
	Nonpriority Creditor's Name Diversified Consultants, Inc. Po Box 551268 Jacksonville, FL 32255	When was the debt incurred?	Opened 10/06/17	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify Collection		
4.9	Jared-galleria/genesis Nonpriority Creditor's Name	Last 4 digits of account number	8075	\$64.00
	Po Box 4485 Beaverton, OR 97076	When was the debt incurred?	Opened 03/12 Last Active 12/12/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	No	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	Other. Specify Charge Acc		

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2 Angela M Walker		Case number (if know)	
Kabbage	Last 4 digits of account number		\$29,182.90
Nonpriority Creditor's Name 925b Peachtree Street NE #1688 Atlanta, GA 30309	When was the debt incurred?		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Loan		
Kohls/Capital One	Last 4 digits of account number	7913,9752	\$1,500.00
Nonpriority Creditor's Name Kohls Credit	_	Opened 11/16 Last Active	
Po Box 3043	When was the debt incurred?	1/17/18	
Milwaukee, WI 53201 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	, o auto youo,o o.u	or or one an inat apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other. Specify Charge Acc	count	
Remex Inc	Last 4 digits of account number	4239	\$1,740.00
Nonpriority Creditor's Name 307 Wall Street	When was the debt incurred?	Opened 12/16	•
Princeton, NJ 08540 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	П		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	l claim:	
At least one of the debtors and another	Student loans	i Ciaiiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
		א אינגווס, מווע טעופו אווווומו עבטנא	
Yes	Other. Specify Collection		

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	1 Charles E Walker, III 2 Angela M Walker		Case number (if know)	
4.1	South Jersey Radiology Associates	Last 4 digits of account number		\$2,076.00
	Nonpriority Creditor's Name PO Box 1710	When was the debt incurred?		
	Voorhees, NJ 08043-7710 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.1	Synchrony Bank/Care Credit Nonpriority Creditor's Name	Last 4 digits of account number	5768,3797	\$470.00
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 11/12 Last Active 1/30/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Charge Acc	count	
4.1 5	Synchrony Bank/Gap Nonpriority Creditor's Name	Last 4 digits of account number	6770	\$309.00
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 03/16 Last Active 1/17/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin		
	☐ Yes	■ Other. Specify Charge Acc	count	

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2 Angela M Walker			
Synchrony Bank/Lowes	Last 4 digits of account number	3109	\$2,461.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 01/16 Last Active 12/04/17	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
Check if this claim is for a community debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	☐ Debts to pension or profit-sharin		
Yes	Other. Specify Charge Acc	count	
Synchrony Bank/PayPal Cr Nonpriority Creditor's Name	Last 4 digits of account number	9189	\$1,081.00
Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 12/08 Last Active 1/17/18	
Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Synchrony Bank/Sams	Last 4 digits of account number	9580	\$3,371.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 12/06 Last Active 12/22/17	
Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	■ Other. Specify Charge Acc	count	

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	Case number (if know)					
Synchrony Bank/TJX Last 4 digits of account number 7130	\$1,951.00					
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 When was the debt incurred? Opened 12/08 Last Active 1/17/18 Orlando, FL 32896	/e					
Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.						
☐ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated						
■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ At least one of the debtors and another □ Disputed ■ Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	u did not					
■ No □ Debts to pension or profit-sharing plans, and other similar debts						
☐ Yes ☐ Other. Specify Charge Account						
4.2 Target Last 4 digits of account number 7028	\$328.00					
C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440 Opened 01/07 Last Active 12/12/17	ve					
Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.						
☐ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated						
■ Debtor 1 and Debtor 2 only □ Disputed						
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans						
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	u did not					
■ No □ Debts to pension or profit-sharing plans, and other similar debts						
☐ Yes ☐ Other. Specify Credit Card						
4.2 1 Underwood Memorial Hospital Last 4 digits of account number 8112	\$1,031.00					
509 North Broad Street When was the debt incurred? Woodbury, NJ 08096-1697						
Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.						
Debtor 1 only						
☐ Debtor 2 only ☐ Unliquidated						
■ Debtor 1 and Debtor 2 only □ Disputed						
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you to the claim subject to effect? The claim subject to effect?	u did not					
Is the claim subject to offset? report as priority claims ■ No □ Debts to pension or profit-sharing plans, and other similar debts						
□ Yes □ Other. Specify □ Judgment/Lien						

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	Charles E Walker, III Angela M Walker		Case number (if know)	
2	Visa Dept Store National Bank/Macy's	Last 4 digits of account number	8160	\$937.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 Mason, OH 45040	When was the debt incurred?	Opened 12/08 Last Active 12/12/17	-
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	-
١ ١	Wffnatbank	Last 4 digits of account number	5002	\$1,753.00
	Nonpriority Creditor's Name Po Box 94498 Las Vegas, NV 89193	When was the debt incurred?	Opened 02/16 Last Active 12/12/17	-
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	\square Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Charge Acc	count	-
Part 3:	List Others to Be Notified About a Do	· ·	rou already listed in Parts 1 or 2. For exam	ole, if a collection agency
have m	g to collect from you for a debt you owe to s ore than one creditor for any of the debts th d for any debts in Parts 1 or 2, do not fill out	at you listed in Parts 1 or 2, list the addi		
Name an	d Address	On which entry in Part 1 or Part 2 did you Line 4.8 of (<i>Check one</i>):	list the original creditor? Part 1: Creditors with Priority Unsecured Cla	i.m.a
	Akard St,		Part 2: Creditors with Priority Unsecured Cla	
	TX 75202	Last 4 digits of account number	Part 2. Creditors with Nonphority Unsecured	Ciaims
Name an	d Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	
	ge Paypal	Line 4.10 of (<i>Check one</i>):	$oldsymbol{l}$ Part 1: Creditors with Priority Unsecured Cla	ims
	achtree St NW #1100 a, GA 30308	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured	Claims
Nama an	d Address	On which ontry in Bort 1 or Bort 2 did you	liet the original creditor?	
	a Address .aw, LLC	On which entry in Part 1 or Part 2 did you Line 4.13 of (<i>Check one</i>):	list the original creditor? I Part 1: Creditors with Priority Unsecured Cla	ims
1200 L	aurel Oak Road Suite 102 ees, NJ 08043		Part 2: Creditors with Nonpriority Unsecured	
		Last 4 digits of account number		
Name an	d Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	

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Debtor 1 Charles E Walker, III Debtor 2 Angela M Walker		Case number (if know)
South Jersey Radiology Associates PO Box 1710 Voorhees, NJ 08043-7710	Line 4.12 of (Check one): Last 4 digits of account number	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address United States Attorney Peter Rodino Federal Building 970 Broad Street, Suite 700 Newark, NJ 07102	On which entry in Part 1 or Part 2 of Line 2.1 of (Check one): Last 4 digits of account number	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address United States Attorney General United States Department of Justice Ben Franklin Station P.O. Box 683 Washington, DC 20044	On which entry in Part 1 or Part 2 of Line 2.1 of (Check one): Last 4 digits of account number	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Γotal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	3,900.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	3,900.00
					Total Claim
T 1	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	68,866.90
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	68,866.90

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Fill in this infor	mation to identify your	case:	./				
Debtor 1	Charles E Walker, III						
	First Name	Middle Name	Last Name				
Debtor 2	Debtor 2 Angela M Walker						
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF NEW JE	RSEY				
Case number							
(

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Oity		Oldio	211 0000	
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	Oity		State	2.1. 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

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			Docum	ent Page 33 of	60	
Fill in this	s information to ide	entify your ca	se:			
Debtor 1	Charles	E Walker I	1			
Deptor 1	First Name	E Walker, I	Middle Name	Last Name		
Debtor 2	Angela	M Walker				
(Spouse if, fi			Middle Name	Last Name		
United St	ates Bankruptcy Cou	urt for the:	DISTRICT OF NEW J	ERSEY		
Case nun	nher					
(if known)						☐ Check if this is an
						amended filing
Codebtors people are fill it out, a your name 1. Do No Ye 2. Wi Arizo	e filing together, be and number the end e and case number to you have any code of the state of	ties who are oth are equall tries in the bo (if known). A sebtors? (If you so, have you lies, Louisiana, N	also liable for any de y responsible for sup oxes on the left. Attac answer every question u are filing a joint case wed in a community pevada, New Mexico, F	oplying correct information the Additional Page to n. , do not list either spouse a	on. If more space is no this page. On the top as a codebtor. (Community property	ate as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write
in lin Form	e 2 again as a code n 106D), Schedule E Column 2.	ebtor only if t E/F (Official F	hat person is a guara	ntor or cosigner. Make s	ure you have listed th G). Use Schedule D,	g with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your co Name, Number, Street, Ci		Code		Check all schedule	ditor to whom you owe the debt s that apply:
					_	
3.1	Name				Schedule D, line	
	Ivaille				☐ Schedule E/F, li	
					☐ Schedule G, line	e
	Number Stree	t	0	710.0	_	
	City		State	ZIP Code		
3.2					☐ Schedule D, line	
0.2	Name				Schedule E/F, li	
					☐ Schedule G, line	
	Number				-	
	Number Stree City	ı	State	ZIP Code		

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							_				
	in this information to i	dentify your ca Charles E W									
	_		•	_							
	btor 2 buse, if filing)	Angela M Wa	_								
Uni	ited States Bankruptcy	y Court for the:	DISTRICT OF NEW J	ERSEY							
	se number				Check if this	is:					
(If kı	nown)						☐ An amen	J			
									ng postpetition following date:	chapter	
<u>O</u>	fficial Form 1	1061					MM / DD	YYYY			
S	chedule I: Y	our Inco	ome							12/15	
Pa	ch a separate sheet rt 1: Describe B	to this form. (r spouse is not filing wi On the top of any addition								
1.	information.	Fill in your employment information.		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with		Employment status	■ Employed	■ Employed			■ Employed			
	information about ac employers.			☐ Not employe	ed		☐ Not	☐ Not employed			
	. ,		Occupation	Disabled			Sales	Sales			
	Include part-time, se self-employed work		Employer's name				Self-employed				
Occupation may include student Employer's address or homemaker, if it applies.							852 Jarvis Road Sicklerville, NJ 08081				
			How long employed th	nere? <u>3 1/2</u>	2 y			6 y			
Pa	rt 2: Give Detai	ils About Mon	thly Income								
	imate monthly incomuse unless you are se		ate you file this form. If y	ou have nothing	to report for	any	line, write \$0 in t	ne space. Ir	nclude your nor	n-filing	
	ou or your non-filing sp e space, attach a sepa		re than one employer, co this form.	mbine the inform	ation for all	empl	oyers for that per	son on the	lines below. If y	you need	
							For Debtor 1		ebtor 2 or ling spouse		
2.		List monthly gross wages, salary, and commissions (bef deductions). If not paid monthly, calculate what the monthly			2.	\$	0.00) \$	0.00		
3.	Estimate and list n	nonthly overti	me pay.		3.	+\$	0.00	+\$	0.00		
4.	Calculate gross Inc	come. Add lin	e 2 + line 3.		4.	\$	0.00	\$	0.00		

	tor 1 tor 2	Charles E Walk Angela M Walk	•		Case r	number (<i>if known</i>)			
					For	Debtor 1		ebtor 2 or iling spouse	
	Cop	y line 4 here		4.	\$	0.00	\$	0.00)
5.	List	all payroll deduct	ions:						
	5a.	Tax, Medicare,	and Social Security deductions	5a.	\$	0.00	\$	0.00)
	5b.		ributions for retirement plans	5b.		0.00	\$	0.00	_
	5c.	Voluntary contr	ibutions for retirement plans	5c.	\$	0.00	\$	0.00)
	5d.	Required repay	ments of retirement fund loans	5d.	\$	0.00	\$	0.00	-
	5e.	Insurance		5e.	\$	0.00	\$	0.00)
	5f.	Domestic support	ort obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues		5g.		0.00	\$	0.00	
	5h.	Other deduction	ns. Specify:	5h.	+ \$	0.00	+ \$	0.00)
6.	Add	I the payroll deduc	ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00	<u>)</u>
7.	Cald	culate total month	ly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	0.00	<u>)</u>
8.	List 8a.	Net income from profession, or factor a statement	regularly received: n rental property and from operating a business, arm ent for each property and business showing gross y and necessary business expenses, and the total						
		monthly net inco		8a.	\$	0.00	\$	2,167.68	3
	8b.	Interest and div	idends	8b.	\$	0.00	\$	0.00)
	8c.	regularly receiv Include alimony,	payments that you, a non-filing spouse, or a depende e spousal support, child support, maintenance, divorce property settlement.	nt 8c.	\$	0.00	\$	0.00)
	8d.	Unemployment	compensation	8d.	\$	0.00	\$	0.00)
	8e.	Social Security		8e.	\$	0.00	\$	0.00)
	8f.	Include cash ass that you receive,	ent assistance that you regularly receive istance and the value (if known) of any non-cash assistan such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.	ice 8f.	\$	0.00	\$	0.00)
	8g.	Pension or retir	ement income	8g.	\$	0.00	\$	0.00	_
	8h.	Other monthly i	ncome. Specify:	8h.	+ \$		+ \$	0.00)
9.	Add	I all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	2,167.6	88
10.		-	come. Add line 7 + line 9.	10.	\$	0.00 + \$_	2,16	57.68 = \$	2,167.68
11.	Inclu othe Do r	ude contributions from the contribution in the contribution from the contribution fr	contributions to the expenses that you list in Schedulom an unmarried partner, members of your household, yours. bunts already included in lines 2-10 or amounts that are not the second secon	ur depe	•		,	hedule J. 11. +\$	0.00
12.		e that amount on th	e last column of line 10 to the amount in line 11. The reference Summary of Schedules and Statistical Summary of Cer					12. \$	2,167.68
								Comb	ined ily income
13.	Do y	No.	rease or decrease within the year after you file this for	m?				monu	,
		Yes. Explain:	Debtors profit and loss is at a net negative, how the business for living expense which is included						

based on the last 12 months owners draw averaged together.

Filli	n this informa	ition to identify yo	our case:			Ī			
Debte		Charles E W				Ch	eck if t	his is:	
							mended filing		
Debte	or 2 use, if filing)	Angela M Wa	alker						ving postpetition chapter the following date:
` .								•	
Unite	d States Bankr	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM.	DD / YYYY	
Case (If kn	e number own)								
Of	ficial Fo	rm 106J							
Sc	hedule	J: Your l	Exper	ises					12/1
Be a informum	s complete rmation. If m ber (if know	and accurate as lore space is ne n). Answer ever	possible. eded, atta ry question	If two married people ar	e filing together, be form. On the top of	oth are ed f any addi	qually r tional	esponsible fo pages, write y	r supplying correct our name and case
Part 1.	1: Descri	ribe Your House nt case?	hold						
	□ No. Go to								
	Yes. Doe	s Debtor 2 live i	in a separa	ate household?					
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of De	ebtor 2.		
2.	Do you have	e dependents?	■ No						
	Do not list D Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relati			Dependent's age	Does dependent live with you?
	Do not state dependents								□ No □ Yes
									□ No
									☐ Yes ☐ No
									☐ Yes
									□ No
3.	Do your exp	oenses include	_	No					☐ Yes
	expenses o	f people other to d your depende	han 👝	Yes					
expe	mate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp					
the v		h assistance an		government assistance in luded it on <i>Schedule I:</i> Y				Your expe	enses
(0	olar i olili i c	,01.,							
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	e 4.	\$		0.00
	If not include	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
	4b. Prope	rty, homeowner's				4b.	\$		0.00
		maintenance, re owner's associat	•	ipkeep expenses		4c. 4d.	. —		150.00 0.00
5.				our residence, such as ho	me equity loans	4u. 5.			0.00

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Charles E Walker, III Angela M Walker	Case num	ber (if known)	
		· ,	
	0-	Φ.	470.00
			178.00
			50.00
• • • • • • • • • • • • • • • • • • • •		·	0.00
		*	0.00
		·	500.00
		· -	0.00
<u>. </u>		· <u> </u>	75.00
•		·	50.00
•	11.	>	65.00
	12.	\$	200.00
		·	100.00
			0.00
•		·	0.00
	15a.	\$	0.00
Health insurance	15b.	\$	0.00
Vehicle insurance	15c.	\$	110.00
Other insurance. Specify:	15d.	\$	0.00
. Do not include taxes deducted from your pay or included in lines 4 or 20.			
y:	16.	\$	0.00
Car payments for Vehicle 1		·	389.00
• •	17b.	\$	0.00
	17c.	\$	0.00
	17d.	\$	0.00
	10	¢.	0.00
	10.		
	40	>	0.00
,		our Incomo	
			0.00
		· ·	0.00
		· <u> </u>	0.00
		·	0.00
		· -	0.00
		·	
. Specily		+4	0.00
ate your monthly expenses			
dd lines 4 through 21.		\$	1,867.00
opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
dd line 22a and 22b. The result is your monthly expenses.		\$	1,867.00
			-,,-
		•	
,			2,167.68
Copy your monthly expenses from line 22c above.	23b.	-\$	1,867.00
Subtract your monthly expenses from your monthly income			
The result is your monthly net income.	23c.	\$	300.68
•			
u expect an increase or decrease in your expenses within the year after you			or degrades because
ample, do you expect to finish paying for your car loan within the year or do you expect your			or decrease because of a
			or decrease because of a
	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies care and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. Linclude car payments. ainment, clubs, recreation, newspapers, magazines, and books aible contributions and religious donations naticulate insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Dayments of alimony, maintenance, and support that you did not report as sted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). payments you make to support others who do not live with you. y: real property expenses not included in lines 4 or 5 of this form or on Schemorgaes on other property Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues Specify: late your monthly expenses dd lines 4 through 21. topy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 dd line 22a and 22b. The result is your monthly expenses. late your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income.	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6d. and housekeeping supplies 7. Aare and children's education costs 8. Ing, laundry, and dry cleaning 9. In gl. aundry, and dry cleaning 9. In gl. aundry, and dry cleaning 9. In gl. aundry, and dry cleaning 10. In clude gas, maintenance, bus or train fare. 11. Include car payments. 12. Include car payments. 13. Include car payments. 14. Include insurance deducted from your pay or included in lines 4 or 20. 15. Include insurance deducted from your pay or included in lines 4 or 20. 15. Unit in insurance 15. Vehicle insurance 15. Ob not include taxes deducted from your pay or included in lines 4 or 20. 15. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. Include car payments 17. Car payments for Vehicle 1 17. Car payments for Vehicle 2 17. Car payments for Vehicle 2 17. Other. Specify: 18. Other. Specify: 19. Treal property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income (Official Form 106i). 18. Payments you make to support others who do not live with you. 19. Treal property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income (Official Form 106i). 18. Payments you make to support others who do not live with you. 19. Treal property expenses not included in lines 4 or 5 of this form or on Schedule I: Your line property (Schedule I) (Schedule	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Gand housekeeping supplies Aare and children's education costs Ag, laundry, and dry cleaning And laundry, and dry cleaning And laundry, and dry cleaning And all are products and services All and dental expenses All and dental expenses All sportation. Include gas, maintenance, bus or train fare. Include arg payments. All sportations and religious donations Include care and children's education newspapers, magazines, and books All sportation. Include gas, maintenance, bus or train fare. Include arg payments. All sportations and religious donations Include care form your pay or included in lines 4 or 20. Life insurance Include insurance deducted from your pay or included in lines 4 or 20. Life insurance Include taxes deducted from your pay or included in lines 4 or 20. Life insurance Include taxes deducted from your pay or included in lines 4 or 20. Life insurance Include taxes deducted from your pay or included in lines 4 or 20. Life insurance Include taxes deducted from your pay or included in lines 4 or 20. Life insurance Include taxes deducted from your pay or included in lines 4 or 20. Life insurance Include taxes deducted from your pay or included in lines 4 or 20. Life insurance Include taxes deducted from your pay or included in lines 4 or 20. Life insurance Life

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Fill in this i	nformation to identify your	case:			
Debtor 1					
Deploi i	Charles E Walker First Name	, III Middle Name	Last Name		
Debtor 2	Angela M Walker				
(Spouse if, filing		Middle Name	Last Name		
United State	es Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY		
Case number	er				
(if known)					eck if this is an ended filing
Declar If two marrie You must file obtaining me		r, both are equally respo le bankruptcy schedules n connection with a banl	nsible for supplying corre		
Did yo	u pay or agree to pay some	one who is NOT an attor	ney to help you fill out bar	nkruptcy forms?	
■ No	0				
☐ Ye	es. Name of person			Attach Bankruptcy Petition Declaration, and Signature	•
that the X <u>/s/</u> Ch	penalty of perjury, I declare by are true and correct. Charles E Walker, III varies E Walker, III varies of Debtor 1	that I have read the sum	X /s/ Angela M Angela M W Signature of De	I Walker alker ebtor 2	
Dat	te May 30, 2018		Date _iviay 3	30, 2018	

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Fill in	this inforn	nation to identify you	case:			
Debto		Charles E Walke				
		First Name	Middle Name	Last Name		
Debto (Spouse	r 2 e if, filing)	Angela M Walke	Middle Name	Last Name		
United	d States Ba	nkruptcy Court for the:	DISTRICT OF NEW JER	SEY		
Casa	number					
(if know	_				-	Check if this is an mended filing
						g
		rm 107 of Financial	Affaire for Indivi	duals Filing for E	ankruntev	4/1€
nform	ation. If m	ore space is needed,	attach a separate sheet to		equally responsible for sup y additional pages, write you	
	•	n). Answer every ques	stion.			
Part 1	Give D	etails About Your Ma	rital Status and Where You	u Lived Before		
1. W	/hat is you	current marital statu	s?			
	Married Not mar	ried				
2. D	uring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
_			·	•		
	■ No] Yes. Lis	t all of the places you li	ved in the last 3 years. Do n	ot include where you live now	v.	
I	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
3. W	ithin the la	st 8 years, did you ev	er live with a spouse or le	gal equivalent in a commun	nity property state or territor	? (Community property
states	and territori	es include Arizona, Ca	lifornia, Idano, Louisiana, Ne	evada, New Mexico, Puerto R	ico, Texas, Washington and W	/isconsin.)
	No			(f) : 1.E		
	J Yes. Ma	ke sure you fill out Sch	nedule H: Your Codebtors (O	ifficial Form 106H).		
Part 2	Explai	n the Sources of You	r Income			
F	ill in the tota	I amount of income you	received from all jobs and	ng a business during this y all businesses, including part re together, list it only once u		ndar years?
] No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	\$7,160.00
			☐ Operating a business		Operating a business	

Official Form 107

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	arles E Walker, I gela M Walker	11	Cas	e number (if known)	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calen (January 1 to	dar year: December 31, 2017	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	\$10,498.00
		☐ Operating a business		Operating a business	
	dar year before that December 31, 2016		\$0.00	☐ Wages, commissions, bonuses, tips	\$27,593.00
		☐ Operating a business		Operating a business	
List each s		at case and you have income that		•	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Part 3: List	Certain Payments	You Made Before You Filed for	Bankruptcy		
6. Are either □ No.	Neither Debtor 1 rindividual primarily During the 90 days ☐ No. Go to I ☐ Yes List be paid the not income.	tor 2's debts primarily consumer nor Debtor 2 has primarily consider a personal, family, or househouse before you filed for bankruptcy, of ine 7. Illow each creditor to whom you part or district or an attorney for the payments to an attorney for the inert on 4/01/19 and every 3 years.	dumer debts. Consumer debtold purpose." did you pay any creditor a total aid a total of \$6,425* or more ents for domestic support obligations beautruptcy case.	ol of \$6,425* or more? in one or more payments and gations, such as child support	the total amount you and alimony. Also, do
Yes.		or 2 or both have primarily const before you filed for bankruptcy, or		al of \$600 or more?	
	■ No. Go to I	ine 7.			
	include	low each creditor to whom you page payments for domestic support on this bankruptcy case.			
Creditor'	s Name and Addre	ss Dates of paym	ent Total amount	Amount you Was this still owe	payment for

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Debtor 1 Charles E Walker, III

Debtor 2	Angela M Walker		Cas	se number (if known)		
<i>Insid</i> of wh	in 1 year before you filed for bankrupto lers include your relatives; any general pa nich you are an officer, director, person in siness you operate as a sole proprietor. 1 ony.	artners; relatives of any ger control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a general propertion of the second se	partner; corporation ent, including one fo
	No					
	Yes. List all payments to an insider.					
Insi	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment
insid	in 1 year before you filed for bankruptoler? de payments on debts guaranteed or cos		yments or transfer a	any property on a	ccount of a deb	t that benefited ar
	No					
	Yes. List all payments to an insider					
Insi	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include creditor	
Part 4:	Identify Legal Actions, Repossession	ns and Foreclosures				
Cas Cas Pac & A	Yes. Fill in the details. se title se number cific Union Financial vs. Charles angela Walker	Nature of the case Foreclosure	Court or agency Camden Count Division Camden, NJ 08		Status of the Pending On appeal Concluded	
Chec	in 1 year before you filed for bankruptock all that apply and fill in the details below		erty repossessed, f	oreclosed, garnis	shed, attached,	seized, or levied?
_	Yes. Fill in the information below.					
	ditor Name and Address	Describe the Property		Date		Value of the
		Explain what happene	d			,
P.A		bank levy		05/20	018	\$700.00
	7 White Horse Road Suite A-102 orhees, NJ 08043	☐ Property was reposs ☐ Property was foreclo ☐ Property was garnish	sed.			
		☐ Property was attache				
acco	in 90 days before you filed for bankrup bunts or refuse to make a payment bec No Yes. Fill in the details.	otcy, did any creditor, inc		nancial institutior	n, set off any am	nounts from your
Cre	ditor Name and Address	Describe the action th	e creditor took	Date	action was	Amoun
				taker	1	

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	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo Joseph J. Rogers, Esquire 900 Route 168 Suite I-4 Blackwood, NJ 08012	Description and value of any property transferred Description and value of any property transferred Description and value of any property transferred Attorneys Fees	Date payment or transfer was made 2/8/18	Amount of payment \$300.00
	Person Who Was Paid Address Email or website address	transferred	or transfer was	
	□ No■ Yes. Fill in the details.			
16.	consulted about seeking bankruptcy or pr	tcy, did you or anyone else acting on your behalf pay or reparing a bankruptcy petition? eparers, or credit counseling agencies for services require	,, ,	rty to anyone you
Pa	List Certain Payments or Transfers			
	how the loss occurred	Describe any insurance coverage for the loss nclude the amount that insurance has paid. List pending nsurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
15.		tcy or since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,
Pa	Charity's Name Address (Number, Street, City, State and ZIP Code) t 6: List Certain Losses			
	Yes. Fill in the details for each gift or co Gifts or contributions to charities that to more than \$600		Dates you contributed	Value
14.	Within 2 years before you filed for bankru ■ No	ptcy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Person to Whom You Gave the Gift and Address:			
13.	No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	ptcy, did you give any gifts with a total value of more t Describe the gifts	Dates you gave the gifts	Value
	t 5: List Certain Gifts and Contributions		L #000	
	■ No □ Yes			
	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or	tcy, was any of your property in the possession of an a	assignee for the bene	fit of creditors, a
12.	otor 2 Angela M Walker	Case number	(if known)	

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Debtor 1 Charles E Walker, III
Debtor 2 Angela M Walker

Case number (if known)

Person Who Was Paid Address Description and value of any property or transfer was made	17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you list. No Yes. Fill in the details.	or to make payments			or transfer any proper	ty to anyone who
transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Description and value of the property transferred Description and value of the property transferred Date Transfer with made Description and value of the property transferred Date Transfer with made Date Transfer with made Description and value of the property transferred Date Transfer with made Description and value of the property transferred Date Transfer with made Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? United Checking, savings, money market, or other financial accounts: certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Population of Storage Facility Address (Number, Street, City, State and ZIP Code)		Person Who Was Paid		llue of any prop	erty	or transfer was	Amount of payment
Address property transferred payments received or debts paid in exchange	18.	transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already lie No Yes. Fill in the details.	ness or financial affai as security (such as th sted on this statement.	rs? e granting of a so	ecurity intere	st or mortgage on your	property). Do not
No		Address			payments	s received or debts	
Made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Do you still have it?	19.	beneficiary? (These are often called asset-protect ■ No		property to a s	elf-settled tr	ust or similar device c	of which you are a
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Do you still have it? No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Do you still have it?		Name of trust	Description and va	lue of the prope	erty transfer	red	Date Transfer was made
sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument closed, sold, moved, or transferred Last balan closed, sold, moved, or transferred Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code)	Par	t 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Stor	rage Units		
Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument closed, sold, moved, or transferred Last balam before closing transferred Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Describe the contents Do you still have it? No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Describe the contents Do you still have it?	20.	sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No	other financial accoun	ts; certificates c	of deposit; sl	•	
No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Describe the contents Do you still have it?		Name of Financial Institution and Address (Number, Street, City, State and ZIP		• •	cle me	osed, sold, oved, or	Last balance before closing or transfer
 Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Describe the contents Do you still have it? 	21.		ır before you filed for l	bankruptcy, any	safe depos	it box or other deposi	tory for securities,
Address (Number, Street, City, State and ZIP Code)		_					
■ No □ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)			Address (Number, Str		Describe the	contents	•
Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City,	22.	■ No	place other than your I	nome within 1 y	ear before y	ou filed for bankruptc	y?
			to it? Address (Number, Str		Describe the	contents	•

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Debtor 1 Charles E Walker, III
Debtor 2 Angela M Walker

Case number (if known)

Par	19: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you bo	orrowed from, are storing fo	r, or hold in trust
	No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describ	pe the property	Value
Par	t 10: Give Details About Environmental Inform	aation			
For	the purpose of Part 10, the following definitions	s apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun			
_	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	I sites.			
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, h	hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they oc	curred.	
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e under o	r in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		rironmental law, if you w it	Date of notice
25.	Have you notified any governmental unit of any	y release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		rironmental law, if you w it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironment	al law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature	of the case	Status of the case
Par	111: Give Details About Your Business or Co	nnections to Any Business			
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the	following connections to an	y business?
	■ A sole proprietor or self-employed in a	trade, profession, or other activity	, either fu	ıll-time or part-time	•
	☐ A member of a limited liability company	v (LLC) or limited liability partnersh	nip (LLP)	·	
	☐ A partner in a partnership	, , , , , , , , , , , , , , , , , , , ,	,- (-)		
	☐ An officer, director, or managing execu	itive of a corporation			
	An owner of at least 5% of the voting of	·			

Case 18-20840-JNP Doc 1 Filed 05/30/18 Entered 05/30/18 12:47:06 Desc Main Page 45 of 60 Document Charles E Walker, III Angela M Walker Debtor 2 Case number (if known) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Business Name Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed EIN: **Bud and Angie's Place** Online used clothing sales 852 Jarvis Rd From-To 2012-Present Sicklerville, NJ 08081-2132 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Charles E Walker, III /s/ Angela M Walker Charles E Walker, III Angela M Walker Signature of Debtor 1 Signature of Debtor 2 Date May 30, 2018 **Date** May 30, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Fill in this inform	Fill in this information to identify your case:							
Debtor 1	Charles E Walker, III							
Debtor 2 (Spouse, if filing)	Angela M Walker							
United States B	ankruptcy Court for the: District of New Jersey							
Case number (if known)								

Check	as directed in lines 17 and 21:								
According to the calculations required by this Statement:									
 1. Disposable income is not determined u 11 U.S.C. § 1325(b)(3). 									
	 Disposable income is determined under 11 U.S.C. § 1325(b)(3). 								
■ 3. The commitment period is 3 years.									
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

						Column A Debtor 1		 nn B or 2 or iling spouse
Your gross wages, salary, payroll deductions).	tips, bonuse	es, overtime	and o	commissions (b	efore all	\$	0.00	\$ 0.00
B. Alimony and maintenance Column B is filled in.	payments. [Oo not include	e payn	nents from a spo	use if	\$	0.00	\$ 0.00
 All amounts from any sour of you or your dependents, from an unmarried partner, n and roommates. Do not inclu you listed on line 3. 	including on nembers of your de payments	child suppor our househol	t. Inclu d, you	ide regular contr r dependents, pa	butions arents,	\$	0.00	\$ 0.00
Net income from operating business, profession, or fa		or 1	D	ebtor 2				
Gross receipts (before all deductions)	\$	0.00	\$	2,167.68				
Ordinary and necessary operating expenses	- \$	0.00	-\$	0.00				
Net monthly income from a business, profession, or farm	\$	0.00	\$	2,167.68	Copy here -> S	\$	0.00	\$ 2,167.68
6. Net income from rental and	l other real	property	Debte	or 1				
Gross receipts (before all dec	ductions)		\$	0.00				
Ordinary and necessary open	ating expens	ses	-\$	0.00				
Net monthly income from ren			\$	0.00 Copy	/ here ->	Φ.	0.00	\$ 0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you	ebtor 2	Angela w walker			Case number	(If Known)		
Numerical networks (and royatines 3 0.00 5 0.00							Debtor 2 c	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list in there: For you For your spouse Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Social security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Social average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income Determine How to Measure Your Deductions from Income Copy your total average monthly income from line 11. Calculate the maritial adjustment. Check one: You are married and your spouse is not filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your depend	7. Inter	est, dividends, and royalties			\$	0.00	\$	0.00
the Social Security Act. Instead, list it here: For you \$ 5 0.00 For your spouse \$ 0.00 For your spouse \$ 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefit received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: 14. You are married and your spouse is filling with you. Fill in 0 below. 15. Ou are married and your spouse is not filling with you. 16. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such a		•			\$	0.00	\$	0.00
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Social Security Act or payments received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Social Security Act.			mount received was a ber	nefit under			<u> </u>	
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. S 2,167.68 Total average monthly income from line 11. S 2,167.68 Total average monthly income from line 11. S 2,167.68 Total average monthly income from line 11. S 2,167.68 Total average monthly income from line 11. S 2,167.68 Total average monthly income from line 11. S 2,167.68 Total average monthly income from line 11. S 2,167.68 Total average monthly income from line 11. S 2,167.68 Total average monthly income from line 11. S 2,167.68 Total average monthly income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. S S S S S S S S S S S S S S S S S S S	Fo	r you	\$	0.00				
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Spacify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. S 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. S 2,167.68 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's support of someone other than you or your dependents, such as payment of the spouse's support of someone other than you or your dependents, such as payment of the spouse's support of someone other than you or your dependents, such as payment of the spouse's support of someone other than you or your dependents, such as payment of the spouse's support of someone other than you or your dependents on a separate page. If this adjustment does not apply, enter 0 below. \$ 0.00 Copy heres> - 0. 4. Your current monthly income. Subtract line 13 from line 12. 5. 2,167.68 S 2,167.68 S 2,167.68				0.00				
Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or internating,	9. Pens	sion or retirement income. Do not include a		was a	\$	0.00	\$	0.00
Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 16. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year).	Do n recei dome	ot include any benefits received under the Soved as a victim of a war crime, a crime again estic terrorism. If necessary, list other sources	ocial Security Act or paym st humanity, or internation	ents nal or	\$	0.00	\$	0.00
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Sample Sampl					\$	0.00	\$	0.00
Total average monthly income 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$		Total amounts from separate pages, if ar	ny.	+	\$	0.00	\$	0.00
Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$2,167.68 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total				\$	0.00	+ \$ _	2,167.68	
You are married and your spouse is filing with you. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total Total \$ 0.00 Copy here=> 2,167.68 \$ 2,167.68 Multiply line 15a by 12 (the number of months in a year). x 12		•	line 11.					\$\$
You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ Total \$ 0.00 Copy here=> - 0. \$ 2,167.68 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). \$ x 12		You are not married. Fill in 0 below.						
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$		You are married and your spouse is filing wit	h you. Fill in 0 below.					
Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.		Fill in the amount of the income listed in line	11, Column B, that was N					
Total\$		Below, specify the basis for excluding this ind						
Total \$		If this adjustment does not apply, enter 0 below	OW.					
Total \$ 0.00 Copy here=> - 0. 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> \$ 2,167.68 Multiply line 15a by 12 (the number of months in a year).						_		
Total \$ 0.00 Copy here=> - 0. 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> \$ 2,167.68 Multiply line 15a by 12 (the number of months in a year).						_		
14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12				_ 🕶 _				
15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12		Total		\$	0.00	<u> </u>	opy here=>	- 0.00
15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12	14. Yo u	ur current monthly income. Subtract line 13	3 from line 12.					\$2,167.68
Multiply line 15a by 12 (the number of months in a year).	15. Cal	culate your current monthly income for th	e year. Follow these step	os:				
Multiply line 15a by 12 (the number of months in a year).	15a	. Copy line 14 here=>						\$2,167.68
15b. The result is your current monthly income for the year for this part of the form. \$\$								x 12
	15b	. The result is your current monthly income	for the year for this part o	f the form.				\$\$

Charles E Walker, III

Debtor 1

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Debtor 2	2 <u>A</u>	ngela M Walker		Case number (if known)		
16. (Calcula	ate the median family income that applies to y	ou. Follow thes	e steps:		
1	6a. Fi	Il in the state in which you live.	NJ			
4	ich Ei	Il in the number of people in your household.	2			
		II in the median family income for your state and s			•	81,054.00
'		o find a list of applicable median income amounts			\$_	01,004.00
		structions for this form. This list may also be avai	lable at the ban	kruptcy clerk's office.		
		o the lines compare?				
1	7a.	- ,,,,	OT fill out Calci	ulation of Your Disposable Income (Official F	Form 122C-2	2).
1	7b.	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 at	lation of Your	form, check box 2, Disposable income is do Disposable Income (Official Form 122C-2		
Part 3	3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(k	0)(4)		
18. C	Сору у	our total average monthly income from line 1	1.		\$	2,167.68
c	conten	t the marital adjustment if it applies. If you are d that calculating the commitment period under 1 s income, copy the amount from line 13.				
	•	the marital adjustment does not apply, fill in 0 on	line 19a.		-\$	0.00
1	9b. S ı	ubtract line 19a from line 18.			\$	2,167.68
20. C	Calcula	Iculate your current monthly income for the year. Follow these steps:				
2	20a. Co	opy line 19b			\$_	2,167.68
	М	ultiply by 12 (the number of months in a year).				x 12
2	20b. Th	ne result is your current monthly income for the year	ear for this part	of the form	\$_	26,012.16
						04.054.00
2	20c. Co	opy the median family income for your state and	size of househo	ld from line 16c	\$_	81,054.00
2	21. H e	ow do the lines compare?				
		Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by th	ne court, on the top of page 1 of this form, ch	neck box 3,	The commitment
		Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise	ordered by the court, on the top of page 1 of	this form, c	heck box 4, The
Part 4		Sign Below				
		ning here, under penalty of perjury I declare that t	he information o	on this statement and in any attachments is	true and cor	rect.
Y	/s/ CI	harles E Walker, III		X /s/ Angela M Walker		
^ .	Char	les E Walker, III		Angela M Walker		
_	-	ture of Debtor 1		Signature of Debtor 2		
L		May 30, 2018 MM / DD / YYYY		Date May 30, 2018 MM / DD / YYYY		
If		checked 17a, do NOT fill out or file Form 122C-2.				

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Charles E Walker, III

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Debtor 1	Charles E Walker, III		
Debtor 2	Angela M Walker	Case number (if known)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 11/01/2017 to 04/30/2018.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor 1	Charles E Walker, III		
	Angela M Walker	Case number (if known)	

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 11/01/2017 to 04/30/2018.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Bud and Angie's Place**Constant income of **2,167.68** per month.
Constant expense of **0.00** per month.
Net Income **2,167.68** per month.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-20840-JNP Doc 1 Filed 05/30/18 Entered 05/30/18 12:47:06 Desc Main Document Page 55 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of New Jersey

In	Charles E Walker, III re Angela M Walker		Case No.			
	Aligeia W Walker	Debtor(s)	Chapter	13		
				IDTOD (C)		
	DISCLOSURE OF COMPE	INSATION OF ATTO	RNEY FOR DE	EBTOR(S)		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the fillibe rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to		
				3,499.00		
	Prior to the filing of this statement I have received		\$	624.00		
	Balance Due		#	2,875.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are mem	bers and associates of my law firm.		
	☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na					
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on he 	tement of affairs and plan which tors and confirmation hearing, a reduce to market value; ex ons as needed; preparation	n may be required; nd any adjourned hea emption planning;	rings thereof; preparation and filing of		
б.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.	ee does not include the following		es, relief from stay actions or		
		CERTIFICATION				
thi	I certify that the foregoing is a complete statement of as bankruptcy proceeding.	ny agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in		
	May 30, 2018	/s/ Joseph Roger	'S			
	Date	Joseph Rogers				
		Signature of Attorne Law Offices of Je				
		900 Route 168				
		Suite I-4 Blackwood, NJ 0	8012			
		856-228-7964 Fa				
		jjresq@comcast.	net			
		Name of law firm				

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United States Bankruptcy CourtDistrict of New Jersey

In re	Charles E Walker, III Angela M Walker		Case No.	
		Debtor(s)	Chapter	13
The abo		ICATION OF CREDITOR the attached list of creditors is true and c		of their knowledge.
Date:	May 30, 2018	/s/ Charles E Walker, III Charles E Walker, III		
		Signature of Debtor		
		digitature of Debtor		
Date:	May 30, 2018	/s/ Angela M Walker		
		Angela M Walker		

Signature of Debtor

Ally Financial Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

AT&T 208 S Akard St, Dallas, TX 75202

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One / Saks F Po Box 30285 Salt Lake City, UT 84130

Capital One/Neiman Marcus/Bergdorf Goodm Po Box 729080 Dallas, TX 75372

Comenitycapital/biglot 3100 Easton Square Pl Columbus, OH 43219

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Discover Financial Po Box 3025 New Albany, OH 43054

Diversified Consultants, Inc. Diversified Consultants, Inc. Po Box 551268 Jacksonville, FL 32255

Fein, Such, Kahn & Shepard 7 Century Drive, Suite 201 Parsippany, NJ 07054

Frd Motor Cr Po Box Box 542000 Omaha, NE 68154

Gloucester Township Tax Office PO Box 8 Blackwood, NJ 08012

Internal Revenue Service ATTN: Bankruptcy Department P.O. Box 7346 Philadelphia, PA 19101-7346

Jared-galleria/genesis Po Box 4485 Beaverton, OR 97076

Kabbage 925b Peachtree Street NE #1688 Atlanta, GA 30309

Kabbage Paypal 730 Peachtree St NW #1100 Atlanta, GA 30308

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

New Jersey Housing & Mtg. Finance Agency PO Box 18550 637 South Clinton Avenue Trenton, NJ 08650

Pacific Union Financial 1603 Lbj Fwy Ste 500 Farmers Branch, TX 75234

Remex Inc 307 Wall Street Princeton, NJ 08540 Sklar Law, LLC 1200 Laurel Oak Road Suite 102 Voorhees, NJ 08043

South Jersey Radiology Associates PO Box 1710 Voorhees, NJ 08043-7710

South Jersey Radiology Associates PO Box 1710 Voorhees, NJ 08043-7710

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Gap Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/PayPal Cr Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/TJX Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440 Underwood Memorial Hospital 509 North Broad Street Woodbury, NJ 08096-1697

United States Attorney Peter Rodino Federal Building 970 Broad Street, Suite 700 Newark, NJ 07102

United States Attorney General United States Department of Justice Ben Franklin Station P.O. Box 683 Washington, DC 20044

Visa Dept Store National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Wffnatbank Po Box 94498 Las Vegas, NV 89193